MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF HEALTH FACILITY REGULATION

INFECTIOUS WASTE GENERATOR REGISTRATION APPLICATION FOR MISSOURI HOSPITALS

FOR OFFICE USE ONLY
DATE APPL. REC'D
REGISTRATION NO.
DATE MAILED

Pursuant to the requirements of 260.203 RSMo., application is hereby made for registration as an infectious waste generator.

NAME OF HOSPITAL (NAME TO APPEAR ON REGISTRATION)

DATE OF APPLICATION

ADDRESS (STREET AND NUMBER, CITY, ZIP CODE)

TELEPHONE NUMBER

CHIEF EXECUTIVE OFFICER (FULL NAME) TITLE

NEXT IN CHARGE (FULL NAME) TITLE

OWNERSHIP AND MANAGEMENT (CHECK ONLY ONE)

A. GOVERNMENTAL

- ☐ DISTRICT
- ☐ COUNTY
- ☐ CITY-COUNTY
- ☐ CITY
- ☐ STATE
- ☐ FEDERAL
- ☐ OTHER (EXPLAIN)

B. NON-GOVERNMENTAL

NON-PROFIT

- ☐ CHURCH OPERATED
- ☐ CHURCH AFFILIATED
- ☐ OTHER NON-PROFIT

PROFIT

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ CORPORATION

NAME OF GOVERNING BODY

CHIEF OFFICER OF GOVERNING BODY (FULL NAME)

LEGAL NAME OF OPERATING CORPORATION

IF OPERATED BY MANAGEMENT CONSULTANT, NAME OF FIRM

FISCAL YEAR

TOTAL CAPACITY OF HOSPITAL (INCLUDE STAFFED AND NON-STAFFED NURSING UNITS) BEDS

CERTIFICATION

HOSPITAL CHIEF EXECUTIVE

DIRECTOR, INFECTIOUS WASTE MANAGEMENT PROGRAM

AND

being duly sworn by me on _____ (HIS/HER THEIR) oath, deposes and says that _____ (HE/SHE/THEY) have read the foregoing application and that the statements contained therein are correct and true and of _____ (HIS/HER/THEIR) knowledge; and further gives assurance of the ability and intention of the _____ (LEGAL NAME OF OPERATING CORPORATION) to comply with the rules promulgated under 260.203 RSMo.

Having read and understood 19 CSR 30 Chapter 20, 22, or 24 (as applicable), 260.200 - 260.245 RSMo. and 10 CSR 80. _____ (I/WE) further certify that the _____ (HOSPITAL NAME) will comply with these sections and all required corrections and/or improvements deemed necessary following reviews and inspections by the Missouri Department of Health and Senior Services

SIGNATURES

HOSPITAL CHIEF EXECUTIVE OFFICER ▶

DIRECTOR, INFECTIOUS WASTE MANAGEMENT PROGRAM ▶

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)